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APPLICANTS

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** CONTINUING DATA

***** H. c .

none

** FOREIGN APPLICATIONS

***** H. c .

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IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS

2512
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TITLE

Envelope elimination and restoration linear amplifier

FILING FEE RECEIVED 1522	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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